

OREGON STATE TRAUMA ADVISORY BOARD GENERAL SESSION MINUTES

October 28, 2005
Portland State Office Building, Portland, OR

Members Present:

Will Bean, RN; Brian Graunke, EMT-P; Daniel Hamre, MD; Christine Heyen; Jon Jui, MD; Kerry Keeler, MD; William Long, MD (Chair); Robert Read, MD (Vice Chair); Ritu Sahni, MD; Carla Smith, MD; Richard Urbanski, MD; Kevin Van Syoc, EMT-P;

DHS Staff Present:

Susan Werner, Jeanne Arana, Raelene Jarvis (recorder), Debbie Danna.

Absent: Mary Barnum, RN; John Hopkins; Nathan Kemalyan, MD; Susan Leathers, RN; Paul LeSage, EMT-P; Martin Schreiber, MD; Merlin Curry, EMTP.

In attendance: Susan Benedict, RN; Bobbie O'Connell, RN; Ameen Ramzy, MD; Tim Stuman, Oregon Health News; John Wish.

Dr. Long, Chair, called the meeting to order at 11:03 am. Members and guests introduced themselves to the group.

Review of Minutes – Dr. Long

The motion was made and seconded to accept the minutes as distributed. The motion was unanimously approved.

Health Services Report – Susan Werner, RN

Oregon Trauma Registry – completion of the RFP is in process. The Best & Final offers from the top two vendors will be submitted to the evaluation committee by October 31, 2005. The committee will meet Nov. 8 to evaluate the final offer. Comments are then submitted to the DHS Contracts Office and Department of Justice for contract negotiations. Timelines for installation and education will be finalized with the contractor, and will be distributed to each trauma hospital.

Oregon Administrative Rules – Input is requested on EMS & Trauma rules revisions. Meetings are scheduled Nov. 4 & 18, and Dec. 16, from 3 to 5 pm. A summary of the meetings will be shared with STAB members and ATAB chairs.

Of note, many Oregonians participated in assignments in Louisiana and Mississippi to assist in recovery efforts after Hurricanes Katrina and Rita, including personnel from Burns, John Day, Corvallis, Mercy Corps, Northwest Medical Teams, EMS agencies, and the Oregon DMAT. This response is inspiring, and it will be helpful for STAB to use these combined experiences for

disaster response education. Information on addressing issues of how to work with what you have and how to use resources when help arrives will be very helpful in developing a comprehensive disaster plan.

Information only: Saint Alphonsus in Boise is no longer an ACS-verified Level II trauma hospital. They will continue to provide trauma care, and Saint Luke's in Boise also continues to provide trauma care. Idaho does not have a state-level trauma designation/verification system for trauma.

EMS for Children – Debbie Danna, RN

Report distributed. A successful 1½ day pediatric conference was held October 9-11, 2005 in Eugene with 235 attendees. The next EMS-C conference is scheduled for October 6-8, 2006. The new EMS-C advisory chair is Merlin Curry. A Managing School Emergencies course is being held in January 2006.

ATAB Reports

1. **ATAB 1** – Last meeting held September 12, 2005 at Legacy Emanuel Hospital. An update from STAB was presented. ATAB 1 plan concepts and process were discussed, and key concepts presented:
 - ATAB 1 needs two Level I trauma centers
 - ATAB plan should be a living document, reviewed annually, and must look at total resources and legislative issues.
 - Level I trauma centers also provide other tertiary care services for the state. For one hospital to “do it all” would mean to potentially give up other services.
 - Discussed Level I and Level II trauma resources.
 - Need to reaffirm the geography/composition of ATAB 1, areas that may need to be included, resource for Level IIIs and IVs, and non-trauma hospitals' role in the care of the trauma patient.
 - Competition between the Level Is has been both healthy /constructive and unhealthy/destructive. Goals are to provide better clinical care with collaboration, research, education, and resources.
 - In regards to the Trauma Communication Center (TCC), after patient destination has been determined, direct communication between the transporting EMS unit and the receiving trauma center is valuable, though the current process has been controversial.
 - Every component of the system may comment on the ATAB 1 plan.
 - January meeting will review the triage and transfer section of the ATAB plan.
 - Discussion of possible use of autolaunch criteria for ATAB 1.

2. **ATAB 2** – Last meeting held October 20, 2005 in Woodburn, Oregon. Current regional issues and concerns, significant events:
 - Representative from NW Transplant bank clarified on-going issues brought to their attention by ATAB2. Contact lists distributed.
 - Elected a new community representative to ATAB 2.

- Quarterly statistics reviewed.
 - Set meeting calendar for next year. Third Thursday of the month 6 pm. January Corvallis, April Lebanon, Newport July, October Salem.
 - Educational presentation provided by Silverton Hospital on resuscitation priorities of the pregnant trauma patient.
 - Changes made to or under consideration for the Area Trauma System Plan: None
3. **ATAB 3** – Last meeting held October 12, 2005. Interesting case presentation on complex facial lacerations and complex pelvic fractures, including discussion of pelvic binders, long transports, and pain management. Dr. Sheerin has joined Sacred Heart as an Orthopedic Traumatologist. A dramatic increase in the number of patients transferred into Sacred Heart has occurred due to the number of critical access hospitals, especially along the coast. ATAB 3 is continuing to address issues of appropriate triage and transport of trauma patients to the Level II and the Level III trauma centers in the Eugene/Springfield area. Concerns are how to best utilize the available resources and provide optimal patient care.
4. **ATAB 5** – Last meeting held October 26, 2005 in Medford. Good participation and attendance. QI reviews completed. Good physician attendance. Continuing work on the ATAB plan update.
5. **ATAB 6** – Last meeting held July 19, 2005. Discussed issues in the Gorge related to weather effects on transportation of trauma patients. QI reviews completed. October meeting cancelled.
6. **ATAB 7** – Last meeting held September 14, 2005. Change of co-chair from Marty Betsch to Will Bean. Dr Matt Eschelbach will remain as the other co-chair.
- Current regional issues and concerns, significant events*
- QA reviews were completed according to ATAB Plan with only one chart meeting criteria that would require action. The action plan is being developed and evaluation will be forwarded to the STAB following implementation.
 - Regional Training – Cathy Murphey, Trauma Coordinator at Saint Charles Medical Center-Bend is conducting the following regional training
 - i. Trauma Nurses Talk Tough – Training the trainers
 - ii. Trauma Emergency Assessment and Management Course – October class rescheduled in December
 - iii. Advanced Basic Life Support – in the initial phase of setting up this program
 - iv. ATLS – evaluating the practicality of providing a class in the area,
 - Changes made to or under consideration for the Area Trauma System Plan: None
7. **ATAB 9** – Meeting planned for October 14 was rescheduled for November 11.

STANDING STAB REPORTS

State EMS Committee Report – Jon Jui, MD

No meeting was held in September. Recent changes:

- EMT-I scope of changes include the use of morphine and ACLS medications added to their scope.
- EMT database is being developed.
- Observation of Critical Access Hospitals (CAH) and their effect on EMS – including increased volume and time commitment for interhospital transports, with long times out of service. Level I & II trauma hospitals are being impacted by the increased patient volume.
- There was a lack of inpatient beds in the Portland area in Feb, 2005 due to flu, trauma, and cardiac patient volumes. If this occurs again in 2006, the impact will be felt in the EDs, and by EMS providers.

Discussion: CAHs have decreased their bed capacity by 170 inpatient beds in their conversions to CAH status. Additionally they must maintain their average LOS at 96 hours, forcing them to transfer any patients that might require longterm care. A third issue of concern is the aging population of care providers, including surgeons and nurses. These issues combine to form a significant looming public health crisis in Oregon.

Action: Dr. Sahni will review TCC data for information on patients transferred from CAHs into Portland for the next STAB QI meeting.

Bioterrorism/ WMD Report – Jon Jui, MD

Health Preparedness Organizations (HPO) around the state are actively writing disaster plans for their regions, which include a trauma section. It has been recommended that STAB provide feedback on the trauma section of the state disaster plan.

Discussion: STAB provides valuable expert and practitioner advice to DHS on the state disaster plan that is being formulated. Focus is on the quality of care for trauma victims, surge capacity, and designing a systematic response to organize resource needs based on patient needs. Better preparedness will result with both local and state level involvement in the planning. The EMS & Trauma Systems Section is actively involved with Public Health's preparedness efforts.

Association of Air Medical Responders of Oregon (AAMRO) – Ameen Ramzy, MD

The state group is meeting bimonthly, continuing work on the map of services.

Discussion: Air medical transport in a disaster may be affected by non-local personnel providing assistance. It will be important that vital information (i.e. safe landing zones) is readily available to both local and non-local personnel. Use of Oregon air resources in neighboring states in a disaster has been discussed by AAMRO.

BUSINESS

Burn Criteria for Trauma Registry – Nathan Kamalyan, MD

No report

NEW BUSINESS

Exhibit 4: Criteria for On-call Physicians – Susan Werner, William Long, MD

Insufficient specialty physicians and surgeons to take Emergency Department call is impacting trauma care.

Discussion: Points of discussion: 1) many physicians no longer want to take ED call even with increasing monetary incentives; 2) there are not enough specialty physicians available to meet patient needs; 3) the system for physician reimbursement is poor; 4) there is increased regionalization of emergency surgical response; 5) there is increased CMS/JCAHO involvement with physician on-call issues; 6) there is a difference in hospital and medical staff call expectations; 7) increase in office-based surgical practices; and 9) the medical/health issues that are listed are monumental, and are too large for the trauma system or STAB to solve.

Action: No changes recommended to Exhibit 4. Add to future agenda: STAB will write a descriptive list of how the trauma system is being affected by these statewide issues, including recommended changes, and will forward to Jeanne Arana for discussion with Dr. Susan Allan.

STAB Strategic Planning Needs – Christine Heyen

Discussion: Issues regarding STAB's role in trauma system development were discussed, including advisory role to DHS, benchmarks for accomplishments, plans for immediate issues and the future of trauma care.

Action: Add to future agenda: Implementation of Strategic Planning Process for STAB.

Surgeon representation for State EMS Committee – William Long, MD

There was discussion regarding surgical representation on the State EMS Committee. This is proposed by the American College of Surgeons for each state EMS Committee. The group agreed this is a reasonable request.

Action: Dr. Long to send a formal request to Dr. Jui, SEMSC Chair.

Membership for STAB – Susan Werner

Four positions are vacant or will be open in January 2006: Neurosurgeon, ED Nurse, Level I Trauma Surgeon, Border State Representative. Interested persons should submit a letter and CV to Susan Werner. Information is available on the EMS & Trauma website.

Action: For Information.

***Orthopedic Call Coverage: Question from Southern Oregon Orthopedic (SOO) group
– Susan Werner***

Susan Werner received a request to Question: What is the appropriate involvement of mid-level practitioners, such as NPs and PAs in providing trauma coverage “on call” to the patient?

Discussion: It was noted that orthopedic surgeons providing trauma call must be “on call and promptly available” to respond within 30 minutes of notification as stated in Exhibit 4. It is important that NP/PAs function within their scope of practice as determined by the state. As is currently practiced, the provider at the patient’s bedside (i.e. emergency physician or trauma surgeon) determines the appropriate level of care response needed from the on-call physician.

Action: Ms. Werner will respond to the SOO group by letter. It was noted that this discussion should also occur at the regional ATAB 5 meeting.

STAB MEETING SCHEDULE

Discussion: Dr. Ramzy proposed batching state level meetings, such as State EMS Committee and STAB, for ease of travel and time away from home institutions. There was also discussion regarding the addition of educational presentations at STAB.

Meetings for 2006

Friday, January 27 at 9:30 am Portland State Office Building

Tentative Dates & Times to be determined

Friday, April 21 or April 28 Portland State Office Building

Friday, July 21 or July 28 Portland State Office Building

Friday, October 20 or October 27 Portland State Office Building

As there was no further business, the general session was adjourned at 1:35 pm.

Recorder: Raelene Jarvis, RN, Trauma Coordinator, DHS